	e Daniels			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
ankruptcy Court for the	: NORTHERN DISTRICT	OF OHIO		
17-52679				
				cif this is an
	V 17		amen	sed ming
orm 106Sum				
	and Lightliting on	ad Cambaia Control and a		
and accurate as page	and Liabilities ar	id Certain Statistical Information	1	12/15
ms, you must fill out			for supplyin ided schedul	g correct les after you file
narize Your Assets			Company of the Compan	
				s sets f what you own
A/B: Property (Official	Form 106A/B)	No.		· ····································
ne 55, Total real estate,	from Schedule A/B		\$	102,792.0
ne 62, Total personal pi	roperty, from Schedule A/B		\$	14,532.0
e 63, Total of all prope	rty on Schedule A/B		\$	117,324.0
arize Your Liabilities			- traba	
	77.4.4.			
· Condition What Live				bilities you owe
: Creditors vvno Have t e total you listed in Col	Claims Secured by Property umn A, Amount of claim, at ti	(Official Form 106D) he bottom of the last page of Part 1 of Schedule D	\$	15,798.00
F: Creditors Who Have	Unsecured Claims (Official	Form 106E/F)		
e total claims from Par	t 1 (priority unsecured claims	s) from line 6e of Schedule E/F	\$	0.00
e total claims from Par	t 2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	78,622.00
				- 10,022.00
		Your total liabilities	\$	94,420.00
				04,420.00
arize Your Income an	d Expenses			1
Your Income (Official F	orm 106I)			
ombined monthly incon	ne from line 12 of Schedule I		\$	2,767.14
Your Expenses (Official	al Form 106J)			
onthly expenses from i	ine 22c of Schedule J		\$	2,391.66
r These Questions for	r Administrative and Statis	tical Records		
g for bankruptcy und	er Chapters 7 11 or 132			
have nothing to repor	t on this part of the form. Che	eck this box and submit this form to the court with yo	ur other sche	dulas
		out with yo	ui ouiei scrie	dules.
f debt do vou have?				
ebts are primarily con old purpose." 11 U.S.C	sumer debts. Consumer de . § 101(8). Fill out lines 8-9g	bts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159.	a personal, fa	ımily, or
ebts are not primarily	consumer dehts. You have		s box and sub	mit this form to
t with vour other cohes	lulae			
,	and draw.	ies and Certain Statistical Information		ge 1 of 2
	First Name First Name ankruptcy Court for the 17-52679 Drm 106Sum Of Your Assets and accurate as possout all of your sched ms, you must fill out narize Your Assets AB: Property (Official ne 55, Total real estate, ne 62, Total personal place 63, Total of all property is entitled in Colonia in the 18-3 total you listed in Colonia in the 18-3 total claims from Parallel total claims from the total claims from t	First Name Micidle Name ankruptcy Court for the: NORTHERN DISTRICT 17-52679 DIFFERMATION OF YOUR Assets and Liabilities and and accurate as possible. If two married people out all of your schedules first; then complete the ms, you must fill out a new Summary and check marize Your Assets AMB: Property (Official Form 106A/B) No 55, Total real estate, from Schedule A/B	Pinet Name Mexice Name Last Name Interval Name Interval Name North Herricology (Interval North Herricology Interval Nort	First Name Micide Name Micide Name Micide Name Last Name Antiquity Court for the: MORTHERN DISTRICT OF OHIO 17-52679 Check among DY Your Assets and Liabilities and Certain Statistical Information and accurate as possible. If two married people are filling together, both are equally responsible for supplyin out all of your schedules first, then complete the information on this form. If you are filling amended schedul man, you must fill out a new Summary and check the box at the top of this page. NB: Property (Official Form 106A/B) WB: Property (Official Form 106A/B) WB: Property (Official Form 106A/B) WB: Store and Property form Schedule A/B

Best Case Bankruptcy

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,000.00

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	56,309.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	56,309.00

Debtor 1	Brandi Moi	nique Daniels								
Debtor 2 (Spouse, if filing)						J. A. C.				
United States Banl	kruptcy Court for th	e: NORTHERN DISTRI	ICT OF OHIO							
	17-52679					Ch	eck if this	o T anon		
lf known)			and the second s					is: ided filing		
Official Co.	400I						A supple	ment show	ving postpeti ofollowing d	tion chapter ate:
Official For							MM / DD	/ ۷۷۷۷		
Schedule	: Your Inc	OME sible. If two married ped are married and not file								12/1
tach a separate s	heet to this form. ribe Employment	are married and not fili are spouse is not filing w On the top of any addit	ith you, do not incluional pages, write yo	ide info our nar	ormat ne an	ion abo d case i	ut your s number (pouse. If r if known).	more space Answer ev	is needed, ery question
 Fill in your en information. 	nployment		Debtor 1				Debtor	2 or non-	filing spou	se
If you have mo attach a sepan	ore than one job,	Employment status	■ Employed				□ Emp	to the contract of the second		
information abo	ate page with	Employment status	years.				F-1			
	out aggittonal		☐ Not employed				LJ Not	employed		
employers.		Occupation	☐ Not employed Application Pro	cesso	r		⊔ Not	employed		
employers.	me. seasonal or	Occupation Employer's name				oan	⊔ Not	employed		
employers. Include part-tin self-employed	ne, seasonal, or work. By include student		Application Pro	avings Ave.		oan	⊔ Not	employed		
employers. Include part-tin self-employed Occupation ma	ne, seasonal, or work. By include student	Employer's name	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4	avings Ave. 4105		oan	⊔ Not	employed		
employers. Include part-tin self-employed Occupation ma or homemaker,	ne, seasonal, or work. By include student	Employer's name Employer's address How long employed th	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4	avings Ave. 4105		oan	LI Not	employed		
employers. Include part-tin self-employed Occupation ma or homemaker, art 2: Give E	ne, seasonal, or work. By include student if it applies. Details About Mon	Employer's name Employer's address How long employed th	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4 nere? 7.5 Yea	avings Ave. 4105 rs	& L.				oclude your r	on-filing
employers. Include part-tin self-employed Occupation ma or homemaker, art 2: Give I timate monthly in buse unless you ar	ne, seasonal, or work. ny include student if it applies. Details About Monte one as of the date separated.	Employer's name Employer's address How long employed the thirthly income attentions one employer and the thirth one employer and the thirthey are then one employer and the thirthey are the thir	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4 here? 7.5 Yea rou have nothing to re	Ave. 4105 rs	· & L	line, write	e \$0 in the	∋ space. In		15
employers. Include part-tin self-employed Occupation ma or homemaker, Give I timate monthly in buse unless you ar ou or your non-filin re space, attach a	ne, seasonal, or work. By include student if it applies. Details About Monacome as of the date separated. By spouse have moseparate sheet to the work.	Employer's name Employer's address How long employed the thing income ate you file this form. If your than one employer, contains form.	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4 here? 7.5 Yea rou have nothing to re	Ave. 4105 rs	· & L	line, write	e \$0 in the	e space. In on on the li		15
employers. Include part-tin self-employed Occupation ma or homemaker, art 2: Give D timate monthly in buse unless you ar ou or your non-filin re space, attach a	ne, seasonal, or work. by include student if it applies. Details About Montecome as of the date separated. by spouse have moseparate sheet to the separate sheet sh	Employer's name Employer's address How long employed the thirthly income attentions one employer and the thirth one employer and the thirthey are then one employer and the thirthey are the thir	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4 here? 7.5 Yea rou have nothing to re	Ave. 4105 rs	· & L	line, write	e \$0 in the	e space. In on on the li	ines below. I btor 2 or ing spouse	f you need
employers. Include part-tin self-employed Occupation ma or homemaker, Int 2: Give E timate monthly in buse unless you ar ou or your non-filin re space, attach a List monthly gr deductions). If i	ne, seasonal, or work. by include student if it applies. Details About Montecome as of the date separated. by spouse have moseparate sheet to the separate sheet sh	Employer's name Employer's address How long employed the thirthly income attention one employer, contains form. If you file this form. If you think form.	Application Pro Third Federal S 7007 Broadway Cleveland, OH 4 here? 7.5 Yea rou have nothing to re	Ave. 4105 rs	any i	line, write	e \$0 in the that perso	e space. In on on the li For De non-fili	ines below. i	ff you need

Official Form 1061

Schedule I: Your Income

Det	otor 1	Brandi Monique Daniels			Case I	number (i	^F known)	17-	-52679) 		
	Cor	by line 4 here				Debtor	1	Fo	or Debt oπ-filing	or 2 or	r ISC	
E			St	4.	\$	3,7	36.25	\$			N/A	
5.	_	all payroll deductions:										
	5a. 5b.	Tax, Medicare, and Social Security deductions	,	5a.	\$	5	35.27	\$			N/A	
	5c.	Mandatory contributions for retirement plans	,	5b.	\$		0.00	-1			V/A	
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	;	5c.	\$	2.	18.66	\$			W/A	
	5e.	Insurance		5d.	\$		0.00	\$	·		WA.	
	5f.	Domestic support obligations		5e.	\$	16	55.18	\$			V/A	
	5g.	Union dues		ōf.	\$		0.00	\$		ľ	V/A	
	5h.	Other deductions. Specify: FSA		īg.	\$		0.00	\$		١	A/A	
6.	Δdd		:	ōh.+	+ \$		0.00	+ \$		١	V/A	
7.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	ŧ	ŝ.	\$	96	9.11	\$		N	I/A	
		sulate total monthly take-home pay. Subtract line 6 from line 4.	7	7.	\$	2,76	7.14	\$		N	VA.	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			, 						<u> </u>	
	8b.	Interest and dividends	8	a.	\$		0.00	\$		N	l/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent	ent	b.	\$		0.00	\$			/A	
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		L	_							
	8d.	Unemployment compensation	8		\$		0.00	\$		N	/A	
	8e.	Social Security	8	d.	\$		0.00	\$		N	/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$		0.00	\$_	Year Programme and the	N	/A	
	8g.	Pension or retirement income	8g		\$	V	0.00	\$ _			A	
,	8h.	Other monthly income. Specify:		j. 7.+	-		00.0	\$ + \$		N	T. 21	
^		VV		r-	<u> </u>		0.00	T 40	enterior comment to proper	N	Α	
		all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ŀ	\$		00.0	\$		N	I/A	
70. (Calcu	late monthly income. Add line 7 + line 9.	10.	\$	27	67.14	+ \$		N/A	= \$	•	707 44
,	4aa tr	ne entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_			-		INA	Ψ		767.14
	ther	all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you friends or relatives. It include any amounts already included in lines 2-10 or amounts that are notify:	ır depe	nde able	ents, yo to pay	ur room expense	mates, es liste	and ed in S		→ J. +\$		0.00
12. A V a	Add ti Vrite t pplie:	ne amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Certe s	esult is ain Liai	the bilit	combin ies and	ied mon Related	thly ind Data,	come. if it	12.	\$	2,7	67.14
′3. D	o you	u expect an increase or decrease within the year after you file this forn	n?						d.	Comb		come
		No. Yes. Explain:										

1	ill in this information to identify your case:				
(ebtor 1 Brandi Monique Daniels		Char	ck if this is:	
		1970 - 19		An amended filing	
	ebtor 2				wing postpetition chapte
	pouse, if filing)			13 expenses as of	the following date:
Un	nited States Bankruptcy Court for the: NORTHERN DISTRIC	CT OF OHIO	-	MM/DD/YYYY	- All All All All All All All All All Al
	nse number 17-52679 known)				
0	Official Form 106J		4		
S	chedule J: Your Expenses				
Be infe nu	e as complete and accurate as possible. If two marrie formation. If more space is needed, attach another shamber (if known). Answer every question. It 1:	ed people are filing together, heet to this form. On the top	both are equa of any additio	illy responsible fon nal pages, write y	12) or supplying correct rour name and case
	Is this a joint case?				The second secon
	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household	12			
	□ No	4 :			
	1900 00	Evange for Control of			
	☐ Yes. Debtor 2 must file Official Form 106J-2	c, Expenses for Separate Hou	sehold of Debto	or 2.	
	Do you have dependents? No				
	Do not list Debtor 1 and Debtor 2. Fill out this information each dependent	nt Debtor 1 or Debt	or 2	Dependent's age	Does dependent live with you?
	Do not state the		794E50.541.5552	SEETESLESIE	□ No
	dependents names.	Son		17.5 Years	Yes
		And the second s			□ res □ No
					□ Yes
					□ No
					☐ Yes
					1 1 0/0
	Danish and a second				□ No □ Ves
	Do your expenses include expenses of people other than yourself and your dependents?				□ No □ Yes
art	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses				☐ Yes
iri ti	expenses of people other than	e unless you are using this s is a supplemental Schedul	form as a supp e J, check the	olement in a Chap box at the top of	☐ Yes
tii pe pl	expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as yalue of such assistance and have included it on Set	niotenes if	form as a supp e J, check the	plement in a Chap box at the top of	☐ Yes
tii pe pl	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses mate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date.	niotenes if	e J, check the	pox at the top of	☐ Yes ter 13 case to report the form and fill in the
tii pe pi ii. \	expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106I.)	sistance if you know hedule I: Your Income	e J, check the	box at the top of	☐ Yes ter 13 case to report the form and fill in the
tii oe oi lu fi	expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106I.)	sistance if you know hedule I: Your Income	e J, check the	pox at the top of	☐ Yes ter 13 case to report the form and fill in the
tii pe pi lu fi	expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106I.) The rental or home ownership expenses for your respayments and any rent for the ground or lot.	sistance if you know hedule I: Your Income	e J, check the	pox at the top of	☐ Yes ter 13 case to report the form and fill in the
li v	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106L) The rental or home ownership expenses for your respayments and any rent for the ground or lot. If not included in line 4:	sistance if you know hedule I: Your Income	e J, check the	pox at the top of	☐ Yes ter 13 case to report the form and fill in the
li v	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106L) The rental or home ownership expenses for your respayments and any rent for the ground or lot. If not included in line 4:	sistance if you know hedule I: Your Income	e J, check the	pox at the top of	Yes Iter 13 case to report the form and fill in the
til pe pl :lu : fi	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106L) The rental or home ownership expenses for your respayments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance	sistance if you know hedule I: Your Income sidence. Include first mortgag	e J, check the	pox at the top of	Yes Iter 13 case to report the form and fill in the asses 0.00
tii pe pl :lu :fi	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106L) The rental or home ownership expenses for your respayments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses	sistance if you know hedule I: Your Income sidence. Include first mortgag	e 4. \$	pox at the top of	Yes Iter 13 case to report the form and fill in the asses 0.00 261.00 0.00
pe pl slu ffi	expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date enses as of a date after the bankruptcy is filed. If this licable date. ude expenses paid for with non-cash government as value of such assistance and have included it on Schicial Form 106L) The rental or home ownership expenses for your respayments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance	sistance if you know hedule I: Your Income sidence. Include first mortgag	e 4. \$ 4a. \$ 4b. \$ _	pox at the top of	Yes Iter 13 case to report the form and fill in the asses 0.00

Official Form 106J

Schedule J: Your Expenses

page 1

	1 Brandi Monique Daniels	Gase nu	mber (if known)	17-52679
	tilities:			
6a	in the state of th	6a	. \$	275 00
6b	and the state of t		. S	375.00 150.00
6c	and Capie Services	60		
6d	Cen Filone		. \$	125.00
Fo	ood and housekeeping supplies	7		100.00
Ch	nildcare and children's education costs	8	1	400.00
Cle	othing, laundry, and dry cleaning	9	-	0.00
O. Pe	rsonal care products and services	10	-	75.00
1. Me	edical and dental expenses	11.		25.00
2. Tra	ansportation. Include gas, maintenance, bus or train fare.		· •	50.00
טט	HOURICIAGE CAR DAVMENTS.	12.	\$	216.66
). EN	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
r. Un	paritable contributions and religious donations	14.	\$	0.00
				0,00
15	not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance			
	b. Health insurance	15a.		0.00
	2. Vehicle insurance	15b.	\$	0.00
	d. Other insurance. Specify:	15c.	\$	131.00
Tax	res Do not include toyon deducted to	15d.	\$	0.00
Spe	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	tallment or lease payments:	16.	\$	0.00
17a	a. Car payments for Vehicle 1	47-		,
	car payments for Vehicle 2	17a.		383.00
17c	C. Other. Specify:	17b.	and the second of the second of	0.00
170	f. Other. Specify:	17c.		0.00
	ur payments of alimony, maintenance, and support that you did not report as	17d.	\$	0.00
ucu	wow nous your pay on line a Schedule I Your Income (Official Farm 400)	18.	S	0.00
Oui	ter payments you make to support others who do not live with you.	10.	<i>\$</i>	
Spe	еспу:	19.		0.00
Oth	er real property expenses not included in lines 4 or 5 of this form or on Scheo	dule I. Yo	ur Income	
		20a.	\$	0.00
	Real estate taxes	20b.		
20c.	Property, homeowner's, or renter's insurance	20c.		0.00
20a.	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.		0.00
Oth	er: Specify:	21.	-	0.00
Calc	culate your monthly expenses		- V	0.00
22a.	Add lines 4 through 21.			
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2,391.66
220	Add line 22g and 22h. The result is		\$	-
LZU.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,391.66
Calc	culate your monthly net income.	Ĺ		
23a.	Copy line 12 (your combined monthly income) from Schedule I	23a.	æ	DECK ARCCOPICORD IN
23b.	Copy your monthly expenses from line 22c above.	23a. 23b.		2,767.14
		230.	-v>	2,391.66
23c.	Subtract your monthly expenses from your monthly income.	ſ		77
	The result is your monthly net income.	23c.	\$	375.48
modifi	ou expect an increase or decrease in your expenses within the year after you xample, do you expect to finish paying for your car loan within the year or do you expect your mication to the terms of your mortgage?		form? ayment to increas	7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
= N				
	es. Explain here:			

Fill in this infor	mation to identify your	case:			
⊋ebtor 1	Brandi Monique I	Daniels			
Jebtor 2	ੋਡ Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
	17-52679				
(# known)					Check if this is an amended filing
Official Forn	n 106Dec				
		ın Individual	Dobtorio Ca	s la a al cel a a	
	ion About a	miniarviduai	Deniol 2 20	nequies	12/15
f two married pe	ople are filing together	r, both are equally respon	sible for supplying co	rrect information.	
You must file this obtaining money rears, or both. 18	s form whenever you fil or property by fraud in B U.S.C. §§ 152, 1341, 1	e bankruptcy schedules I connection with a bankr 519, and 3571.	or amended schedules ruptcy case can result	s. Making a false stater in fines up to \$250,000	ment, concealing property, or), or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an attorn	ey to help you fill out h	pankruptcy forms?	
■ No				and aproprior most	
☐ Yes. Na	ame of person			Attack Book	
		A		Declaration, a	uptcy Petition Preparer's Notice, and Signature (Official Form 119)
Under penalt	y of perjury, I declare the true and correct.	hat I have read the summ	ary and schedules file	d with this declaration	and
Brandi N	di Monique Daniels Monique Daniels of Debtor 1	Brande Hero	X Signature of I	Debtor 2	
	ine 25, 2020		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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